

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>JZ</i>	10 7533	12-1-00 1-19-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

*JZ 3/10/01*

Claim	Date
Final	
Original	
1	12/1/00
2	11/16/01
3	5/21/02
4	1/10/03
5	6/30/03
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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